

EXHIBIT A

New England Compounding Pharmacy, Inc.
(New England Compounding Center) –
Inspection Report, dated 5/24/11



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Division of Health Professions Licensure
 239 Causeway Street, Suite 200
 Boston, MA 02114

Office of Public Protection
 (617) 973-0865 Fax (617) 973-0985 TTY (617)-973-0895

COPY

B-137

INSPECTION REPORT

Docket No. or Staff Assignment No. ISP-738

Date of Inspection	<u>5/24/11</u>	Pharmacy Lic. No.	<u>DJ2848</u>	Expiration Date	<u>12/31/11</u>
Purpose of Inspection:	New Store <input type="checkbox"/>	Relocation <input type="checkbox"/>	Compliance <input checked="" type="checkbox"/>		
Corporation Name	<u>New England Compounding Pharmacy, Inc.</u>				
Pharmacy DBA Name	<u>New England Compounding Center</u>	Store No.			
Address	<u>697 Waverly Street, Framingham, MA 01702</u>				
Telephone No.	<u>508-820-0606</u>	Fax No.	<u>888-820-0583</u>		
Manager of Record	<u>Barry T. Cadden</u>	Lic. No.	<u>PH21279</u>		
Name of RPH Completing Form					
Pharmacy DEA Registration No. and Expiration Date	<u>BNS927819 10/31/2013</u>				
Pharmacy Hours	Daily <u>8A-5P</u>	Saturday	Sunday		
Practice Setting	Community Chain <input type="checkbox"/>	With Drive-thru Window <input type="checkbox"/>			
	Community Independent <input type="checkbox"/>	Specialty <input checked="" type="checkbox"/>	Long Term Care <input type="checkbox"/>		
<u>Compounding Sterile & Non Sterile</u>					
Daily Pharmacy Volume	Less than 100 <input type="checkbox"/>	100 to 500 <input type="checkbox"/>	Above 500 <input type="checkbox"/>		

100 orders / day shipped approximately

PHARMACISTS

Name	License Number	License Status
1. ✓ Barry J. Cadden	PH 21239	Current
2. [REDACTED]	[REDACTED]	Current
3. [REDACTED]	[REDACTED]	Current
4. [REDACTED]	[REDACTED]	Current
5. [REDACTED]	[REDACTED]	Current
6. [REDACTED]	[REDACTED]	Current
✓ LISA Cadden (Conigliaro)	PH 21096	Current

PHARMACY INTERNS

Name	License Number	License Status
1. ✓ [REDACTED]	[REDACTED]	Current
2. [REDACTED]	[REDACTED]	
3. [REDACTED]	[REDACTED]	
4. [REDACTED]	[REDACTED]	
5. [REDACTED]	[REDACTED]	
6. [REDACTED]	[REDACTED]	

PHARMACY TECHNICIANS

Name	License Number	Certification Status	License Status
1. [REDACTED]	[REDACTED]	PTCB/No	Current
2. ✓ [REDACTED]	[REDACTED]	PTCB/No	Current
3. [REDACTED]	[REDACTED]	MA/No	Current
4. [REDACTED]	[REDACTED]	PTCB/No	Current
5. [REDACTED]	[REDACTED]	PTCB/No	Current
6. [REDACTED]	[REDACTED]	PTCB/No	Current

OTHER PHARMACY STAFF including Trainees

Name	Position	Trainee Hours
1. ✓ [REDACTED]	[REDACTED]	PTCB/No Current
2. ✓ [REDACTED]	[REDACTED]	PTCB/No Current
3. ✓ [REDACTED]	[REDACTED]	PTCB/No Current
4. [REDACTED]	[REDACTED]	PTCB/No Current
5. [REDACTED]	[REDACTED]	PTCB/No Current
6. [REDACTED]	[REDACTED]	PTCB/No Current
7. [REDACTED]	[REDACTED]	PTCB/No Current
8. [REDACTED]	[REDACTED]	PTCB/No Current

✓ = on staff 5/24/11

SECURITY - 247 CMR 6.02 and 21 CFR Section 1301.75(b)		YES	NO
ADEQUATE SECURITY SYSTEM		✓	
EVIDENCE OF SECURITY CAMERAS	37 cameras	✓	
SECURITY BARRIER SEPARATES PHARMACY DEPARTMENT		✓	
PROCEDURE FOR ABSENCE OF PHARMACIST		N/A	
CONTROLLED SUBSTANCES ARE LOCKED IN A SECURE CABINET	CII + CIII - OK	✓	
CONTROLLED SUBSTANCES ARE DISPERSED THROUGHOUT GENERAL INVENTORY		N/A	
LOSS OR THEFT OF CONTROLLED SUBSTANCES (DEA FORM 106) REPORTED TO THE BOARD		✓	
SECURITY/ACCESS TO PHARMACY RESTRICTED TO AUTHORIZED PERSONNEL		✓	✓
COMMENTS 24/7 Security Monitoring			

LICENSURE/REGISTRATION STATUS OF PHARMACY STAFF		YES	NO
COPIES OF PHARMACIST LICENSES ARE POSTED AND CURRENT		✓	
COPIES OF TECHNICIAN REGISTRATIONS ARE CURRENT AND AVAILABLE		✓	
PROCEDURES IN PLACE TO MAINTAIN PATIENT CONFIDENTIALITY WITH REGARD TO DISCARDED PRESCRIPTION INFORMATION (e.g. SHREDDER)		✓	
COMMENTS			

STANDARDS FOR PRESCRIPTION LABELING AND FORMAT M.G.L. c. 94C, § 21 and 105 CMR 721.000		YES	NO
PHARMACIST INITIALS ON LABEL AND SERIAL NO. OF Rx		✓	
"BEYOND USE" DATE IS SHOWN ON LABEL		✓	
INVENTORY LABELED WITH BRAND, OR GENERIC NAME AND MANUFACTURER, STRENGTH, LOT NUMBER, EXPIRATION DATE, OR INTERNAL CONTROL NUMBER WHICH REFERENCES MANUFACTURER AND LOT NUMBER USED		✓	
LABEL COMPLIANT WITH INTERCHANGE		✓	
PRESCRIPTION CONTAINS ALL REQUIRED INFORMATION		✓	
ORALLY COMMUNICATED PRESCRIPTIONS ARE IMMEDIATELY DOCUMENTED		✓	
COMMENTS Labels compliant with nature of practice			

OUTDATED ITEMS/RETURN TO STOCK		YES	NO
QUARANTINE AREA FOR CONTROLLED SUBSTANCE RECALLS OR EXPIRED PRODUCT SEGREGATED FROM CURRENT INVENTORY		✓	
COMMENTS General Chemical / Clean Ventures Every 6 month process			

CONTROLLED SUBSTANCE RECORDS ELECTRONICALLY TRANSMITTED PRESCRIPTIONS PMP REPORTING REQUIRMENTS 247 CMR 5.00, 105 CMR 700, 21 CFR Part 1300 – 1308		YES	NO
PREScription RECORDS ARE ON SITE AND READILY RETRIEVABLE FOR 2 YEARS		✓	
THE LAST BIENNIAL INVENTORY COMPLETED <u>10/5/09</u> AND SHOWS BEFORE OPENING OR AFTER CLOSING		✓	
POWER OF ATTORNEY GRANTED TO PERSONS SIGNING DEA FORM 222 AND READILY AVAILABLE		N/A	
POWER OF ATTORNEY FORM FOR DEA FORM 222 GRANTED TO: _____		N/A	
COMPLETE RETURN AND DESTRUCTION RECORDS OF CONTROLLED SUBSTANCES READILY AVAILABLE		✓	
EMERGENCY C-II PRESCRIPTION RECORDS ARE COMPLETE AND PROPERLY FILED		N/A	
SCHEDULE II PRESCRIPTION DATA (PMP) TRANSMITTED BY COMPUTER ON TIME (247 CMR 5.04)		✓	
CENTRAL RECORD KEEPING AUTHORITY FILED WITH DEA			✓
DEA ORDER FORMS FILLED OUT COMPLETELY, INCLUDING DATE AND QUANTITY RECEIVED		✓	
CII ORDER FORMS RECONCILED SATISFACTORILY		✓	
CIII-V INVOICES RECONCILED SATISFACTORILY		✓	
DAILY REPORTS ARE AVAILABLE, VERIFIED, AND SIGNED BY ALL PHARMACISTS INVOLVED	✗	N/A	
CII PERPETUAL INVENTORY RECONCILED WITHIN 10 DAYS			
COMMENTS <p>✗ Registrant is owner</p> <p>✗✗ Each formulation sheet signed by RPH.</p>			

TRANSFER OF PRESCRIPTIONS - 247 CMR 9.02		YES	NO
CORRECT TRANSFER RECORDS ARE MAINTAINED AND READILY AVAILABLE		✓	
DAILY REPORTS ARE AVAILABLE, VERIFIED AND SIGNED BY ALL PHARMACISTS INVOLVED	✗	N/A	
PATIENT PROFILES ARE MAINTAINED		N/A	
COMMENTS <p>✗ Each formulation sheet signed by RPH.</p>			

EQUIPMENT and REFERENCE SOURCES - 247 CMR 6.01		YES	NO
COMPUTER SOFTWARE NAME: <u>PK Software</u>		✓	
TORSION BALANCE AND WEIGHTS	SEALED DATE <u>1/20/11 (A 11 scales)</u>	✓	
COMPOUNDING LOG MAINTAINED		✓	
APPROPRIATELY SIZED SAFETY CONTAINERS AVAILABLE AND USED ROUTINELY (16 CFR 1700)		✓	
CURRENT COPY OR E-VERSION OF APPROPRIATE COMPENDIA REFERENCE AVAILABLE		✓	
CURRENT COPY OR E-VERSION OF MA BOARD OF PHARMACY REGULATIONS AVAILABLE		✓	
CURRENT COPY OR E-VERSION OF MA LIST OF INTERCHANGEABLE DRUGS AVAILABLE		✓	

CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM QUALITY RELATED EVENTS (QRE) - 247 CMR 15.00		YES	NO
CURRENT COPY OR E-VERSION OF CQI PROGRAM AVAILABLE	✓		
QRE RECORDS (2 YEARS) ARE MAINTAINED IN AN ORDERLY MANNER AND FILED BY DATE	✓		
PHARMACY PROVIDES PERSONNEL WITH ONGOING CQI EDUCATION AT LEAST ANNUALLY	✓		
POLICY AND PROCEDURES ON SITE RELATED TO THE HANDLING OF MEDICATION ERRORS	✓		
COMMENTS			

PATIENT COUNSELING M.G.L. c. 94C, § 21A and 247 CMR 6.01 and 9.07		YES	NO
PATIENT COUNSELING SIGNS (11" x 14") POSTED (INCLUDING DRIVE THRU)	✓		
ADEQUATE OFFER TO COUNSEL MADE AND DOCUMENTED	✓		
DESIGNATED CONFIDENTIAL PATIENT CONSULTATION AREA	✓		
COUNSELING AREA ASSURES PRIVACY AND CONFIDENTIALITY	✓		
PROSPECTIVE DUR ON NEW PRESCRIPTIONS CONDUCTED	✓		
COMMENTS <i>2-3 patients / week come to consult</i>			

SANITATION - 247 CMR 6.02 and 9.01		YES	NO
PHARMACY (INCLUDING SINK, REFRIGERATOR, COUNTING TRAYS, AND AUTOMATED DISPENSING MACHINES) KEPT CLEAN AND ORGANIZED	✓		
REFRIGERATOR MAINTAINED WITHIN RANGE COMPLIANT WITH STORAGE OF DRUGS REQUIRING REFRIDGERATION	✓		
TEMPERATURE <i>4</i>	✓		
ROOM TEMPERATURE IS 59 - 77 DEGREES F.	✓		
PRESCRIPTION COUNTER IS USED ONLY FOR PREPARING PRESCRIPTIONS	✓		
PRESCRIPTION DEPARTMENT HAS SPACE ADEQUATE FOR THE SIZE AND SCOPE OF PHARMACEUTICAL SERVICES PROVIDED BY THE PHARMACY	✓		
SUFFICIENT EQUIPMENT TO COMPOUND AND DISPENSE PRESCRIPTIONS	✓		
SINK HAS HOT AND COLD RUNNING WATER	✓		
COMMENTS <i>* Refrigerators in non sterile & sterile areas. Temperatures that could be visual were in acceptable range (no freezer) logs in place on all units.</i>			

CENTRAL INTRAVENOUS ADMIXTURE SERVICE (CIVAS) 247 CMR 6.01(5)(c)		YES	NO
CLEAN ROOM - MINIMUM OF 72 SQUARE FEET	✓		
CLEAN ROOM ADJACENT TO PRESCRIPTION DEPARTMENT	✓		
HOODS: HORIZONTAL <i>Two BSCs Certified Clean rooms</i> VERTICAL <i>Hoods & Glove Boxes</i>	✓		
CIVAS APPROVAL LETTER FROM BOARD MAINTAINED ON PREMISES <i>Posted in Clean Room</i>	✓		

CENTRAL INTRAVENOUS ADMIXTURE SERVICE (CIVAS)		YES	NO
247 CMR 6.01(5)(c) continued			
WRITTEN QUALITY ASSURANCE GUIDELINES MAINTAINED ON PREMISES	✓	✓	
TRAINING IN STERILE PROCEDURE AVAILABLE AND CONDUCTED		✓	
ADEQUATE REFERENCE STANDARDS		✓	
ANNUAL CERTIFICATION OF LAMINAR HOOD AND CLEAN ROOM CONDUCTED		✓	
COMMENTS <i>S.O.P.'s on site</i> <i>All staff trained</i> <i>Aseptic training checklist</i>			
		<i>Dedicated QA person</i>	

TECHNICIANS - 247 CMR 8.00		YES	NO
PHARMACY TECHNICIANS OPERATE WITHIN THE SCOPE OF LAW AND REGULATIONS	✓	✓	
TECHNICIANS WEAR NAME TAGS EASILY READABLE WITH TITLE AND NAME		✓	
TECHNICIANS FOLLOW DUTIES AS SPECIFIED IN WRITTEN POLICIES AND PROCEDURES		✓	
TECHNICIANS ARE SUPERVISED BY A PHARMACIST		✓	
COMMENTS			

VACCINATION/CPR - 105 CMR 700.004		YES	NO
PHARMACIST ADMINISTERING VACCINES TO PERSONS 18 YEARS OF AGE OR OLDER		✓	
CURRENT CPR CARD		✓	
ADMINISTRATION IS CONDUCTED PURSUANT TO THE ORDER OF A PRACTITIONER		✓	
DOCUMENTATION OF ACCREDITED TRAINING		✓	
COMMENTS			

MANAGER OF RECORD (MOR) - 247 CMR 6.07		YES	NO
MOR CAN DEMONSTRATE IMPLEMENTATION OF A CQI PROGRAM		✓	
MOR HAS COPIES OF CONFIDENTIALITY STATEMENTS FROM EACH EMPLOYEE		✓	
MOR IS RESPONSIBLE FOR ESTABLISHING AND MONITORING POLICIES AND PROCEDURES:		✓	
(a) STAFF TRAINING ONGOING		✓	
(b) TECHNICIAN MANUAL ON PREMISES	<i>Complete Training Manual</i>	✓	
(c) RATIO PHARMACIST TO SUPPORT PERSONNEL	<i>1 : 42</i>	✓	
COMMENTS <i>CPHT</i> <i>Responsible for CQI</i> <i>(both patient-level & business components)</i>			

WHOLESALE DISTRIBUTOR INFORMATION		
NAME(S) OF SUPPLIERS <i>PCCA Mallin Spectrum</i>		
GENERAL		
PHARMACY GRANTED ANY WAIVERS BY THE BOARD OR DEA TO ANY LAWS OR RULES *	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
PHARMACY SHARES A REAL-TIME COMMON DATABASE WITH OTHER PHARMACIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PHARMACY UTILIZES THE SERVICES OF A CENTRAL FILL PHARMACY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VERIFYING PHARMACIST(S) IS DOCUMENTED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PHARMACY PERSONNEL WEAR APPROPRIATE NAME TAGS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PROCEDURE TO ENSURE ALL WHO WORK IN THE PHARMACY ARE APPROPRIATELY AND CURRENTLY REGISTERED OR LICENSED AND TRAINED TO PERFORM THEIR DUTIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIGN(S) POSTED REGARDING PHARMACY HOURS OF OPERATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
COMMENTS <i>* Scope of practice limited Prepare this for 5 fast injectables WTPN currently</i>		

I have participated in an inspection and have reviewed the Inspection Report with the Investigator.

Print Name BARRY J. GARDEN Signature *[Signature]*
 Title Pharmacy Director License No. MA-21239
 Investigator *[Signature]* Date 5/24/11

* No - sterile lab - creams, ointments, ointments, ointments

* Service multiple states; licensed in 48 states
 + 2 that don't require licensing



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD
SECRETARY

JOHN AUERBACH
COMMISSIONER

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
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COPY

Office of Public Protection
Phone: (617) 973-0865 Fax: (617) 973-0985

REQUEST FOR STAFF ASSIGNMENT

BOARD Name: BOARD OF PHARMACY

REQUESTED BY: SAM PENTA DATE ASSIGNED: 4/13/11

INVESTIGATOR ASSIGNED: ~~REDACTED~~ Frisch, B.11

Summary of Assignment: To conduct an inspection as soon as practicable of New England Compounding Center at 697 Waverly Street, Framingham pursuant to a RENOVIATION/EXPANSION pharmacy department application. They intend to move into the new space on May 2nd. The inspection can occur pre or post move.

(To Be Filled Out By Admin. Staff)

Assignment Number: ~~738~~

ISP

738

(To be filled out by Investigator)

Complainant Name: _____ Phone #: _____

Home Address: _____

City, State, Zip: _____

Subject of Assignment: _____ Lic #: RN _____

Home Address: _____ Phone #: _____

City, State, Zip: _____

Business Name: _____ Lic #: _____

Address: _____ Phone: _____

City, State, Zip: _____

DISPOSITION: 1/4 to Mr. Gadden 4/28/11
Return call from B. Gadden 4/28/11. pushing off x 2 wks.
Inspection scheduled for 5/24/11 @ 10AM.
Inspection conducted 5/24/11. Turn of facility conducted.
Review of security, controlled substance management, licensing
stage & non-stage processing areas, refrigeration, CAT,
CIVAS programs, and Q.A. Inspection satisfactory.

Investigators Signature: [Signature] Date Complete: 5/24/11

Additional Information attached: ☐ Yes ☐ No

Sent to Board ☐

Other Disposition _____

(To be filled out by supervising investigator)

☐ Send to BD.

☐ Open Complaint [Allegation Code: _____]

☐ Task Complete

Supervisor's Signature: _____ Date: _____

Board Action: _____

☐ Reviewed by Board on ____/____/____

☐ Open Complaint [Allegation Code: _____]

☐ Not Going Forward

☐ Letter sent to complainant (see attached)

☐ OPP Staff to send letter to complainant

☐ Letter sent to licensee (see attached)

☐ OPP Staff to send letter to licensee

☐ Additional Action Required: (please specify): _____

Board Staff Signature _____

Date _____



Received

FEB 28 2011

BOARD OF
PHARMACY

February 11, 2011

James D. Coffey, RPh, Executive Director
Massachusetts Board of Registration in Pharmacy
Department of Public Health
Division of Health Professions Licensure
239 Causeway Street, Suite 200, 2nd Floor
Boston, MA 02114

Dear Mr. Coffey,

I am pleased to inform the Massachusetts Board of Registration in Pharmacy that New England Compounding Pharmacy, Inc., d/b/a New England Compounding Center (NECC), located at 697 Waverly Street, Framingham, MA, [Drug Store License Number 2848], is updating its facility and moving into adjacent space on or about April 30, 2011. Our address will remain the same. Please see floor plan attached.

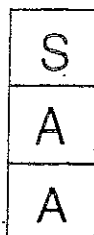
New England Compounding is committed to continuous quality improvement throughout our updated facility. This space will be comprised of a new state of the art compounding pharmacy for sterile and non-sterile preparations. We will be utilizing the latest clean room technology with isolator hoods. There will be a separate non-sterile compounding area designed with state of the art balances that have printout capabilities. The room and hoods are certified and the room has been validated. The facility is equipped with card access entry control technology as well as a facility-wide alarm system monitored 24/7/365 by ADT.

NECC's objective during this transition is to insure that patient care is uninterrupted. We intend to move all medications over the weekend of April 30th - May 1st. On Monday morning, May 2nd, we hope to have our highly trained team of experienced IV technicians and compounding pharmacists start work in our new enhanced facility.

Sincerely,

NEW ENGLAND COMPOUNDING PHARMACY, INC.
d/b/a NEW ENGLAND COMPOUNDING CENTER

Barry J. Cadden, RPh
President and Manager of Record

**Scientific Air Analysis, Inc.**

47 Fatima Drive
 Ashland, MA 01721
 (508) 881-7100
 (508) 881-7105 FAX
 1-800-287-5252 MA ONLY

UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORTCLIENT: **NECC**TEST #: **17838**

ADDRESS:

ID #:

CITY, STATE:

MODEL #: **FS 10200**

CONTACT:

SERIAL #: **05-S-13-07**

TEL #:

LOCATION: **QA**TEST DATE: **5-22-11**NEW/USED: **USED**RECALL DATE: **11-30-11**PASS/FAIL: **PASS****AIRFLOW VELOCITY**ACCEPTANCE RANGE: **60-90** FPM

R1:

84 87 85 91 86**AD: 8" x 20" = 1.11**

R2:

R3:

68 74 77 82 84**CFM = 91**

L:

68

H:

91AVG FPM: **82**

AIRFLOW GAUGE:

N/A

IOW:

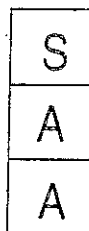
MOTOR SPEED:

40 %**TEST RESULTS****AIRFLOW VELOCITY:** PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.**FILTER LEAK TEST:** PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.**AIRFLOW SMOKE PATTERNS:** PASSED, NO SMOKE ENTERED THE WORK SURFACE;
THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.**REFERENCE STANDARDS:** IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS:	CALIBRATED:	NIST #:	ID # USED:
AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6

COMMENTS:☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.☐ HOOD FAILED; ACTION REQUIRED.☐ PREFILTER(S) WITHIN TOLERANCE.☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.

CERTIFIER:

**Scientific Air Analysis, Inc.**

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 Ashland, MA 01721
 (508) 881-7100
 (508) 881-7105 FAX
 1-800-287-5252 MA ONLY

UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: **NECC** TEST #: **17839**
 ADDRESS: ID #:
 CITY, STATE: MODEL #: **FS 10200**
 CONTACT: SERIAL #: **05-S-13-06**
 TEL #: LOCATION: **QA**
 TEST DATE: **5-22-11** NEW/USED: **USED**
 RECALL DATE: **11-30-11** PASS/FAIL: **PASS**

AIRFLOW VELOCITYACCEPTANCE RANGE: **60-90** FPMR1: **82 86 92 87 91**

R2:

R3: **75 79 83 80 84**L: **75** H: **92** AVG FPM: **84**

AIRFLOW GAUGE:

LOW:

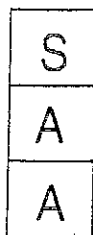
MOTOR SPEED: **40** %**N/A****TEST RESULTS****AIRFLOW VELOCITY:** PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.**FILTER LEAK TEST:** PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.**AIRFLOW SMOKE PATTERNS:** PASSED, NO SMOKE ENTERED THE WORK SURFACE;
THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.**REFERENCE STANDARDS:** IES-RP-CC 002.2; IES-RP-CC 021.1**TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:**

AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

COMMENTS:

- ☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.
☐ HOOD FAILED; ACTION REQUIRED.
☐ PREFILTER(S) WITHIN TOLERANCE.
☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.

CERTIFIER:

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 1-800-287-5252 MA ONLY

UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORTCLIENT: **NECC**TEST #: **17979**

ADDRESS:

ID #:

CITY, STATE:

MODEL #: **FS10300**

CONTACT:

SERIAL #: **11-N-11-01**

TEL #:

LOCATION: **Chn Rm.**TEST DATE: **5-22-11**NEW/USED: **USED**RECALL DATE: **11-30-11**PASS/FAIL: **PASS****AIRFLOW VELOCITY**ACCEPTANCE RANGE: **60-90** FPM

R1:

93 89 90 85 80

R2:

86 82 73 78 75

R3:

L:

93

H:

93AVG FPM: **83**

AIRFLOW GAUGE:

N/A

IOW:

MOTOR SPEED: **N/A** %**TEST RESULTS****AIRFLOW VELOCITY:** PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.**FILTER LEAK TEST:** PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.**AIRFLOW SMOKE PATTERNS:** PASSED, NO SMOKE ENTERED THE WORK SURFACE;
THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.**REFERENCE STANDARDS:** IES-RP-CC 002.2; IES-RP-CC 021.1**TESTING INSTRUMENTS:****CALIBRATED:****NIST #:****ID # USED:**

AVM430-A, AVM430751001

4-12-11

822/272103

A1:

AVM430-A, AVM430803002

5-03-11

822/272103

A2

ALNOR 8570, 99057020

9-03-10

822/249620

A3:

ALNOR 8575, 9161

9-03-10

822/249620

A4:

ALNOR 550, 2664

10-30-10

822/272103

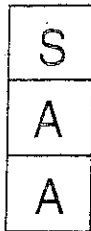
A5:

ATI TDA-2G, 11119

10-30-10

822/272103

A6**COMMENTS:**☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.☐ HOOD FAILED; ACTION REQUIRED.☐ PREFILTER(S) WITHIN TOLERANCE.☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.**CERTIFIER:**

**Scientific Air Analysis, Inc.**

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 1-800-287-5252 MA ONLY

UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: **NECC** TEST #: **17980**
 ADDRESS: ID #: **FS 10300**
 CITY, STATE: MODEL #: **11-N-11-02**
 CONTACT: SERIAL #: **CLN Rm.**
 TEL #: LOCATION: **USED**
 TEST DATE: **5-22-11** NEW/USED: **PASS**
 RECALL DATE: **11-30-11** PASS/FAIL:

AIRFLOW VELOCITYACCEPTANCE RANGE: **60-90** FPMR1: **89 96 92 87 86** AO: **8.5" x 32" = 1.89** ^{ft²}R2: **80 87 79 82 78** CFM = **161**

R3:

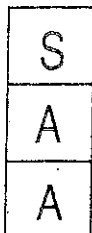
L: **78** H: **96** AVG FPM:AIRFLOW GAUGE: **N/A** IOW: MOTOR SPEED: **40** %**TEST RESULTS****AIRFLOW VELOCITY:** PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.**FILTER LEAK TEST:** PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.**AIRFLOW SMOKE PATTERNS:** PASSED, NO SMOKE ENTERED THE WORK SURFACE;
THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.**REFERENCE STANDARDS:** IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS:	CALIBRATED:	NIST #:	ID # USED:
AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

COMMENTS:

- ☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.
☐ HOOD FAILED; ACTION REQUIRED.
☐ PREFILTER(S) WITHIN TOLERANCE.
☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.

CERTIFIER:


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UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORTCLIENT: **NECC**TEST #: **17981**

ADDRESS:

ID #:

CITY, STATE:

MODEL #:

CONTACT:

SERIAL #:

TEL #:

LOCATION:

TEST DATE:

NEW/USED:

RECALL DATE:

PASS/FAIL:

AIRFLOW VELOCITYACCEPTANCE RANGE: **60-90** FPMR1: **87 93 86 91 88**R2: **84 86 74 77 80**R3: **84 86 74 77 80**L: **74** H: **93** AVG FPM: **85**

AIRFLOW GAUGE:

LOW:

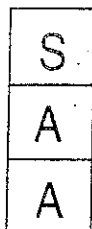
MOTOR SPEED: **45** %**TEST RESULTS****AIRFLOW VELOCITY:** PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.**FILTER LEAK TEST:** PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.**AIRFLOW SMOKE PATTERNS:** PASSED, NO SMOKE ENTERED THE WORK SURFACE; THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.**REFERENCE STANDARDS:** IES-RP-CC 002.2; IES-RP-CC 021.1**TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:**

AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

COMMENTS:☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.☐ HOOD FAILED; ACTION REQUIRED.☐ PREFILTER(S) WITHIN TOLERANCE.☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.

CERTIFIER:

Paul O'Neill

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UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: **NECC** TEST #: **17982**
 ADDRESS: ID #:
 CITY, STATE: MODEL #: **FS 10300**
 CONTACT: SERIAL #: **04-S-15-01**
 TEL #: LOCATION: **CLN RM.**
 TEST DATE: **5-22-11** NEW/USED: **USED**
 RECALL DATE: **11-30-11** PASS/FAIL: **PASS**

AIRFLOW VELOCITYACCEPTANCE RANGE: **60-90** FPM

R1:

86 90 88 85 86

R2:

78 72 83 80 83

R3:

L: **72** H: **90** AVG FPM: **83**AIRFLOW GAUGE: **N/A** LOW: MOTOR SPEED: **50** %AO: **8" x 32" = 1.78** ^{FT²}CFM = **148****TEST RESULTS**

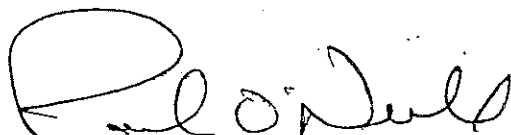
AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.
FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.
AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE;
 THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.
REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

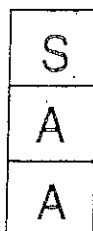
TESTING INSTRUMENTS:	CALIBRATED:	NIST #:	ID # USED:
AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

COMMENTS:

- ☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.
☐ HOOD FAILED; ACTION REQUIRED.
☐ PREFILTER(S) WITHIN TOLERANCE.
☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.

CERTIFIER:



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UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: *NECC* TEST #: *18577*
 ADDRESS: ID #:
 CITY, STATE: MODEL #: *FS 10400*
 CONTACT: SERIAL #: *05-5-13-08*
 TEL #: LOCATION: *QA LAB*
 TEST DATE: *5-22-11* NEW/USED: *USED*
 RECALL DATE: *11-30-11* PASS/FAIL: *PASSED*

AIRFLOW VELOCITYACCEPTANCE RANGE: *80 - 120* FPMR1: *108 104 101 105 113*R2: *97 102 108 105 104*R3: *100 102 100 97 112*L: *97* H: *113* AVG FPM: *104* — *254*AIRFLOW GAUGE: *N/A* IOW: MOTOR SPEED: *10* %**TEST RESULTS**

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.

FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.

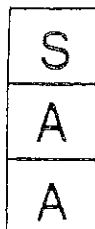
AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE;
THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:

AVM430-A, AVM430751001	4-12-11	822/272103	<u>A1:</u>
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	<u>A6:</u>

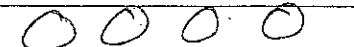
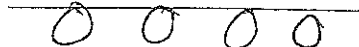
COMMENTS:☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.☐ HOOD FAILED; ACTION REQUIRED.☐ PREFILTER(S) WITHIN TOLERANCE.☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.**CERTIFIER:***Steve Miller**EXHAUST IS SET ON LOW SPEED*

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**UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE
 PARTICLE COUNT RECORDINGS**

CLIENT:	NECC	TEST #:	18681
ID #:		TEST DATE:	5-20-11
MODEL #:	E68252	RECALL DATE:	11-30-11
SERIAL #:	91436	NEW/USED:	USED
LOCATION:	CleanRoom 1	PASS/FAIL:	PASSED

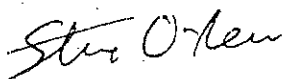
WORK SURFACE AREAB.S.: F.S.: PARTICLES PER CUBIC METERSPARTICLES PER CUBIC FEET**TEST RESULTS**

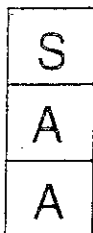
PASS / FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	A2:

CERTIFIER:



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UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: *NECC* TEST #: *18681*
 ADDRESS: ID #:
 CITY, STATE: MODEL #: *E6 8252*
 CONTACT: SERIAL #: *91436*
 TEL #: LOCATION: *Clean Room 1*
 TEST DATE: *5-20-11* NEW/USED: *USED*
 RECALL DATE: *11-30-11* PASS/FAIL: *PASSED*

AIRFLOW VELOCITYACCEPTANCE RANGE: *90-110* FPM

R1: 106 100 92 103 101	103 96 97 94 102
R2: 102 99 98 107 103	94 104 111 102 105
R3: 104 109 103 112 106	109 102 103 101 95
L: <i>92</i>	H: <i>111</i> AVG FPM: <i>102</i>

AIRFLOW GAUGE: *N/A* IOW: MOTOR SPEED: *25/25* %

TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.
FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.
AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE;
 THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.
REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

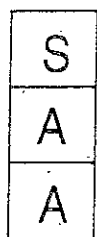
TESTING INSTRUMENTS:	CALIBRATED:	NIST #:	ID # USED:
AVM430-A, AVM430751001	4-12-11	822/272103	<u>A1</u>
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	<u>A6</u>

COMMENTS:

☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.
☐ HOOD FAILED; ACTION REQUIRED.
☒ PREFILTER(S) WITHIN TOLERANCE.
☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.

CERTIFIER:

Steve O'Neil

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UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: *NECC* TEST #: *18682*
 ADDRESS: ID #:
 CITY, STATE: MODEL #: *E66252*
 CONTACT: SERIAL #: *91435*
 TEL #: LOCATION: *Clean Room 1*
 TEST DATE: *5-20-11* NEW/USED: *USED*
 RECALL DATE: *11-30-11* PASS/FAIL: *PASSED*

AIRFLOW VELOCITYACCEPTANCE RANGE: *90-110* FPM

R1: <i>94 98 105 100 112</i>	<i>98 106 95 92 107</i>
R2: <i>94 103 103 104 99</i>	<i>94 92 93 100 99</i>
R3: <i>99 103 106 98 102</i>	<i>91 103 108 102 108</i>

L: H: *112* AVG FPM:AIRFLOW GAUGE: *N/A* IOW: MOTOR SPEED: *25/25* %**TEST RESULTS**

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.
FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.
AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE;
 THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.
REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

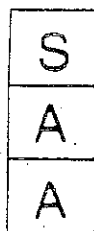
TESTING INSTRUMENTS:	CALIBRATED:	NIST #:	ID # USED:
AVM430-A, AVM430751001	4-12-11	822/272103	<i>A1</i>
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	<i>A5</i>
ATI TDA-2G, 11119	10-30-10	822/272103	A6:

COMMENTS:

- ☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.
☐ HOOD FAILED; ACTION REQUIRED.
☒ PREFILTER(S) WITHIN TOLERANCE.
☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.

CERTIFIER:

Steve O'Neill

**Scientific Air Analysis, Inc.**

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**UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE
 PARTICLE COUNT RECORDINGS**

CLIENT: <i>NCCC</i>	TEST #: <i>18682</i>
ID #:	TEST DATE: <i>5-20-11</i>
MODEL #: <i>E66252</i>	RECALL DATE: <i>11-30-11</i>
SERIAL #: <i>91435</i>	NEW/USED: <i>USED</i>
LOCATION: <i>Clean Room 1</i>	PASS/FAIL: <i>PASSED</i>

WORK SURFACE AREA

B.5:

F.5:

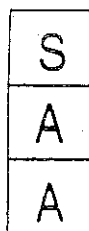
PARTICLES PER CUBIC METERSPARTICLES PER CUBIC FEET**TEST RESULTS**

PASS / FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	A2:

CERTIFIER: *Steve O'Leary*

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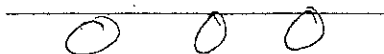
BIOLOGICAL SAFETY CABINET
PARTICLE COUNT RECORDINGS

CLIENT: *Necc*TEST #: *18683*

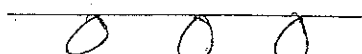
ID #:

TEST DATE: *5-22-11*MODEL #: *SG603A*RECALL DATE: *11-30-11*SERIAL #: *88020*NEW/USED: *USED*LOCATION: *CLINICAL ROOM 1*PASS/FAIL: *PASSED***WORK SURFACE AREA**

B.5:



F.5:

PARTICLES PER CUBIC METERSPARTICLES PER CUBIC FEET**TEST RESULTS**

PASS/FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	<u>A2:</u>

CERTIFIER: *Steve O'Neil*

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BIOLOGICAL SAFETY CABINET SERVICE REPORTCLIENT: *NCC*TEST #: *18683*

ADDRESS:

ID #:

CITY, STATE:

MODEL #: *S66034*

CONTACT:

SERIAL #: *88020*

TEL #:

LOCATION: *Clean Room 1*TEST DATE: *5-20-11*NEW/USED: *USED*RECALL DATE: *11-30-11*PASS/FAIL: *PASSED***SUPPLY AIRFLOWS****EXHAUST AIRFLOWS**

SUPPLY RANGE: _____ FPM

EXHAUST RANGE: *253-286* FPM*50-60*SR: *52 47 54 56 57 58 53* *53**50-60*SC: *52 54 53 52 49 53 58* *53**47-57*SF: *49 57 53 57 54 53 52* *52*L: *47* H: *58* AVG FPM:EL: *249* EH: *273* EXH AVG FPM:AIRFLOW GAUGE: *.27*

FACE VELOCITY:

UV BULB INT: *N/A* UW/CM2

MOTOR SPEED: %

TEST RESULTS

DOWNFLOW VELOCITY PASSED, AVG FPM OF: _____ IS WITHIN ACCEPTANCE
 RANGE OF: _____ FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW
 AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: _____ IS WITHIN ACCEPTANCE
 RANGES OF: *100-110* FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE
 ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2010

TESTING INSTRUMENTS**CALIBRATED****NIST # ID # USED**

AVM430-A, AVM430751001

4-12-11

822/272103 *A1*

AVM430-A, AVM430803002

5-03-11

822/272103 *A2*

ALNOR 8570, 99057020

9-03-10

822/249620 *A3*

ALNOR 550, 2664

10-30-10

822/272103 *A4*

ATI TDA-2G, 11119

10-30-10

822/272103 *A5*

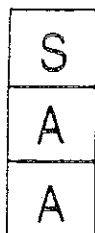
UVC-254, C.83961

10-30-10

264532 *U1***COMMENTS:**

- ☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.
☒ ADJUSTED *(ZEROED)* MAGNETIC GAUGE. ☒ ALARM OPERATING PROPERLY.
☐ UV BULB INTENSITY GOOD / FAIR / POOR. ☒ EXHAUST OPERATING PROPERLY.
☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:*Steve O'Neil*

**Scientific Air Analysis, Inc.**

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**UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE
 PARTICLE COUNT RECORDINGS**

CLIENT: <i>Necc</i>	TEST #: <i>18684</i>
ID #:	TEST DATE: <i>5-20-11</i>
MODEL #: <i>EG 8252</i>	RECALL DATE: <i>11-30-11</i>
SERIAL #: <i>91437</i>	NEW/USED: <i>USED</i>
LOCATION: <i>CleanRoom 1</i>	PASS/FAIL: <i>PASSED</i>

WORK SURFACE AREA

B.5:	<u>○ ○ ○ ○</u>	<u>○ ○ ○ ○</u>
F.5:	<u>○ ○ ○ ○</u>	<u>○ ○ ○ ○</u>
	<u>PARTICLES PER CUBIC METERS</u>	<u>PARTICLES PER CUBIC FEET</u>

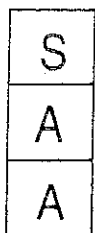
TEST RESULTS

PASS FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	A2:

CERTIFIER: *Steve O'Brien*

**Scientific Air Analysis, Inc.**

47 Fatima Drive
 Ashland, MA 01721
 (508) 881-7100
 (508) 881-7105 FAX
 1-800-287-5252 MA ONLY

UNDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: *Necell* TEST #: *18684*
 ADDRESS: ID #:
 CITY, STATE: MODEL #: *EG 8252*
 CONTACT: SERIAL #: *91437*
 TEL #: LOCATION: *Clean Room 1*
 TEST DATE: *5-20-11* NEW/USED: *USED*
 RECALL DATE: *11-30-11* PASS/FAIL: *PASSED*

AIRFLOW VELOCITY

ACCEPTANCE RANGE: *90-110* FPM
 R1: *113 107 94 86 109* | *95 97 96 105 102*
 R2: *104 97 100 101 98* | *101 99 96 87 95*
 R3: *107 114 101 101 97* | *107 106 99 102 100*

L: *86* H: *114* AVG FPM:

AIRFLOW GAUGE: *N/A* IOW: MOTOR SPEED: *26/20* %

TEST RESULTS

AIRFLOW VELOCITY: PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.
FILTER LEAK TEST: PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.
AIRFLOW SMOKE PATTERNS: PASSED, NO SMOKE ENTERED THE WORK SURFACE;
 THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.
REFERENCE STANDARDS: IES-RP-CC 002.2; IES-RP-CC 021.1

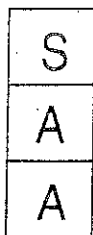
TESTING INSTRUMENTS:	CALIBRATED:	NIST #:	ID # USED:
AVM430-A, AVM430751001	4-12-11	822/272103	<u>A1:</u>
AVM430-A, AVM430803002	5-03-11	822/272103	A2:
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	<u>A6:</u>

COMMENTS:

- ☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.
☐ HOOD FAILED; ACTION REQUIRED.
☒ PREFILTER(S) WITHIN TOLERANCE.
☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.

CERTIFIER:

Steve O'Neil

**Scientific Air Analysis, Inc.**

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 Ashland, MA 01721
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+ 3 LFM

BIOLOGICAL SAFETY CABINET SERVICE REPORTCLIENT: **NECC**

ADDRESS:

CITY, STATE:

CONTACT:

TEL #:

TEST DATE: **5-22-11**RECALL DATE: **11-30-11**TEST #: **18947**ID #: **H55**MODEL #: **SG 603A-HE**SERIAL #: **97602**LOCATION: **CLW Rm.**NEW/USED: **USED**PASS/FAIL: **PASS****SUPPLY AIRFLOWS**SUPPLY RANGE: **N/A** FPM

47-57 SR: 51 49 53 55 50 52 49 53 **52**
47-57 SC: 50 53 53 48 51 56 52 54 **52**
40-50 SF: 46 44 48 51 46 45 47 44 **46**

L: **44** H: **56** AVG FPM:AIRFLOW GAUGE: **.27**UV BULB INT: **N/A** UW/CM2**EXHAUST AIRFLOWS**EXHAUST RANGE: **258-285** FPM **N0**

DUCTED: **N0**
 EXH OP: **1.46** FT2
 ACC OP: **3.89** FT2
 EXH CFM: **393**

EL: **253** EH: **283** EXH AVG FPM: **269**FACE VELOCITY: **104**MOTOR SPEED: **35** %**TEST RESULTS**

DOWNFLOW VELOCITY PASSED, AVG FPM OF **52, 52, 46** IS WITHIN ACCEPTANCE
 RANGE OF: **N/A** FPM. ALL INDIVIDUAL READINGS ARE WITHIN 20% OF DOWNFLOW
 AVERAGE.

FACE VELOCITY PASSED, AVG FPM OF: **104** IS WITHIN ACCEPTANCE
 RANGES OF: **100-110** FPM.

AIRFLOW SMOKE PATTERNS PASSED, NO SMOKE ESCAPED FROM THE CABINET, THERE
 ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.

FILTER LEAK TEST PASSED, PENETRATION DOES NOT EXCEED 0.01 % AT ANY POINT.

REFERENCE STANDARD NATIONAL SANITATION FOUNDATION #49-2010

TESTING INSTRUMENTS

AVM430-A, AVM430751001
 AVM430-A, AVM430803002
 ALNOR 8570, 99057020
 ALNOR 550, 2664
 ATI TDA-2G, 11119
 UVC-254, C.83961

CALIBRATED

4-12-11
 5-03-11
 9-03-10
 10-30-10
 10-30-10
 10-30-10

NIST #

822/272103
 822/272103
 822/249620
 822/272103
 822/272103
 264532

ID # USED

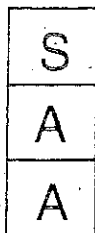
A1:
 A2:
 A3:
 A4:
 A5:
 U1:

COMMENTS:

- ☒ NO ADJUSTMENTS REQUIRED AT THIS TIME. ☐ HOOD FAILED.
☒ ADJUSTED / ZEROED MAGNEHELIC GAUGE. ☒ ALARM OPERATING PROPERLY.
☐ UB BULB INTENSITY GOOD / FAIR / POOR. ☐ EXHAUST OPERATING PROPERLY.
☐ INCREASED / DECREASED MOTOR BLOWER SPEED TO REBALANCE AIRFLOW.

CERTIFIER:

Paul O'Neill

**Scientific Air Analysis, Inc.**

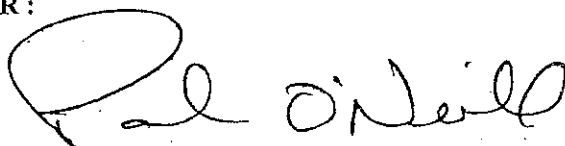
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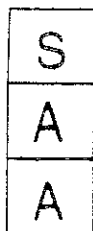
UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE SERVICE REPORT

CLIENT: NECC	TEST #: 18948
ADDRESS:	ID #: HORIZ
CITY, STATE:	MODEL #: EG 8252
CONTACT:	SERIAL #: 95032
TEL #:	LOCATION: CLN RM
TEST DATE: 5-22-11	NEW/USED: USED
RECALL DATE: 11-30-11	PASS/FAIL: PASS

AIRFLOW VELOCITYACCEPTANCE RANGE: **90-110** FPMR1: **93 100 91 95 90 106 92 99 103 96**R2: **94 88 92 89 93 95 103 94 87 97**R3: **106 108 96 99 105 103 108 111 105 109**L: **87** H: **111** AVG FPM: **98**AIRFLOW GAUGE: **N/A** IOW: MOTOR SPEED: **40** %**TEST RESULTS****AIRFLOW VELOCITY:** PASSED, AVERAGE FPM IS WITHIN 90 +/- 10 FPM.**FILTER LEAK TEST:** PASSED, PENETRATION DOES NOT EXCEED 0.01% AT ANY POINT.**AIRFLOW SMOKE PATTERNS:** PASSED, NO SMOKE ENTERED THE WORK SURFACE; THERE ARE NO DEAD SPOTS OR REFLUX OVER THE WORK SURFACE.**REFERENCE STANDARDS:** IES-RP-CC 002.2; IES-RP-CC 021.1**TESTING INSTRUMENTS: CALIBRATED: NIST #: ID # USED:**

AVM430-A, AVM430751001	4-12-11	822/272103	A1:
AVM430-A, AVM430803002	5-03-11	822/272103	<u>A2:</u>
ALNOR 8570, 99057020	9-03-10	822/249620	A3:
ALNOR 8575, 9161	9-03-10	822/249620	A4:
ALNOR 550, 2664	10-30-10	822/272103	A5:
ATI TDA-2G, 11119	10-30-10	822/272103	<u>A6:</u>

COMMENTS:☒ NO ADJUSTMENTS REQUIRED AT THIS TIME.☐ HOOD FAILED; ACTION REQUIRED.☒ PREFILTER(S) WITHIN TOLERANCE.☐ PREFILTER(S) DIRTY; CLEAN OR REPLACE.**CERTIFIER:**


**Scientific Air Analysis, Inc.**



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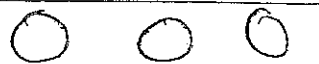

BIOLOGICAL SAFETY CABINET**PARTICLE COUNT RECORDINGS**

CLIENT: **NECC**
 ID #: **H55**
 MODEL #: **SG 603A-HE**
 SERIAL #: **97602**
 LOCATION: **CLW. RM.**

TEST #: **18948**
 TEST DATE: **5-22-11**
 RECALL DATE: **11-30-11**
 NEW/USED: **USED**
 PASS/FAIL: **PASS**

WORK SURFACE AREA

B.5: 
 F.5: 
PARTICLES PER CUBIC METERS



PARTICLES PER CUBIC FEET

TEST RESULTS

PASS FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	A2:

CERTIFIER:

Paul J. Wells

**Scientific Air Analysis, Inc.**

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UNIDIRECTIONAL FLOW CLEAN-AIR DEVICE**PARTICLE COUNT RECORDINGS**CLIENT: **NECC**TEST #: **18948**ID #: **HORIZ**TEST DATE: **5-22-11**MODEL #: **EG 8252**RECALL DATE: **11-30-11**SERIAL #: **95032**NEW/USED: **USED**LOCATION: **CLN RM.**PASS/FAIL: **PASS****WORK SURFACE AREA**

B.5:

F.5:

PARTICLES PER CUBIC METERSPARTICLES PER CUBIC FEET**TEST RESULTS**

PASS FAIL: THIS HOOD IS CERTIFIED AS MEETING ISO CLASS 5 IN ACCORDANCE WITH ISO STANDARD 14644-1. THE MAXIMUM PARTICLE LIMIT FOR COMPLIANCE TO ISO CLASS 5 AT .5 MICRON SIZE IS 3520 PARTICLES PER CUBIC METER AND 100 PARTICLES PER CUBIC FOOT.

THE SAMPLING RATE IS 1 CFM. THE LOCATIONS SAMPLED WERE APPROXIMATELY SIX INCHES FROM THE FRONT AND BACK OF THE UNIT AND SPACED EVENLY FROM SIDE TO SIDE.

TESTING INSTRUMENTS	CALIBRATED	NIST #	ID # USED
MET-ONE PARTICLE COUNTER 3M-1-115, 86291113F	10-30-10	822/272103	A1:
MET-ONE PARTICLE COUNTER 3313-LLD-SS, 050601026	9-03-10	822/271458	A2:

CERTIFIER:

PRESSURE DIFFERENTIALS
TEMPERATURE & REL. HUMIDITY

FREIGHT	FT3 / M3	MIDDLE	FT3 / M3	PEOPLE 27 / 955
2,700 / 97,422 130 / 4580	2,363 / 83,195 313 / 11013	824 / 29,008 52 / 1818	845 / 29,732 81 / 2867	FT3 / M3 32 / 0119 295 / 10,383 37 / 1294
4,978 / 69,043 142 / 4999	2,690 / 94,675 110 / 3881	667 / 23,491 54 / 1905	940 / 33,084 76 / 2657	358 / 12,617 52 / 1818
1,370 / 48,211 112 / 3951	1,876 / 66,019 101 / 3566	645 / 22,714 46 / 1612	4,057 / 37,193 906 / 31,193	462 / 5,706 37 / 1294
CLEANROOM 1	CUBIC FEET / CUBIC METERS	41 / 1453	42 / 1468	137 / 4,825

NRCC
~~AMERI-DOSE~~
 50 FOUNTAIN STREET
 FRAMINGHAM, MA 01702

5-20-11

TESTING DATE: ~~4-8-10~~

ROOMS AT REST

5 / 165 9 / 316 8 / 280 10 / 350 41 / 1433
~~119 / 4,172~~ ~~63 / 2,218~~ ~~147 / 5,163~~ ~~578 / 20,337~~ ~~491 / 17,292~~

9 / 315 26 / 909 9 / 315 49 / 1728 112 / 3951
~~60 / 2,125~~ ~~76 / 2,675~~ ~~498 / 17,515~~ ~~401 / 14,116~~ ~~343 / 12,084~~

23 / 804 19 / 664 42 / 1489 30 / 1049 103 / 3636
~~90 / 3,184~~ ~~409 / 14,397~~ ~~466 / 16,399~~ ~~263 / 9,265~~ ~~216 / 7,588~~

PARTICLES MEASURED AND RECORDED AT .5 MICRON SIZE IN CUBIC FEET AND CUBIC METERS OF AIR
 IN ACCORDANCE WITH ISO 14644-1.

CLASS 6 LIMITS: CUBIC FEET - 1,000 / CUBIC METERS - 35,200

CLASS 7 LIMITS: CUBIC FEET - 10,000 / CUBIC METERS - 352,000

ALL TESTING WAS PERFORMED WITH THE CLEANROOM OPERATIONAL ~~AT REST~~

CLEANROOM, MIDDLE AND PEOPLE ROOMS MEET ISO CLASS 6 DESIGNATION.

FREIGHT ROOM MEETS ISO CLASS 7 DESIGNATION.

PRESSURE DIFFERENTIALS:

CLEANROOM > PEOPLE -

.039 POS

.023 POS

MIDDLE > PEOPLE -

.017 POS

.012 POS

CLEANROOM > MIDDLE -

.039 POS

.011 POS

MIDDLE > FREIGHT -

.028 POS

.041 POS

CLEANROOM > FREIGHT -

.051 POS

.066 POS

CLEANROOM > AMBIENT -

.044 POS

.053 POS

PEOPLE > AMBIENT -

.042 POS

.042 POS

TEMPERATURE:

~~64.5°~~

REL HUMIDITY:

~~46.4%~~

64.2°

55.8%
55.8%

TECHNICIAN:

AIR CHANGES PER HOUR

FREIGHT	AC / HR: 20	AC / HR: 48	MIDDLE	AC / HR: 73	PEOPLE
1 - 520 500		4 - 460 460	1 - 455 460	1 - 455	
		5 - 480 470		2 - 400	
2 - 510 505		6 - 455 460	2 - 490 485	3 - 455	
		7 - 440 435	3 - 495 480	4 - 420	
				5 - 385	
				6 - 390	
AVG: 515 503	CFM: 1,030	AVG: 468 464	CFM: 3,275 3250	AVG: 418 402	
				CFM: 2,505 2410	
1 - 400 455	9 - 440 435	22 - 470 470	31 - 465 465	46 - 465 455	61 - 420 320
		23 - 445 465	32 - 430 430	47 - 415 410	62 - 410 390
2 - 410 420	10 - 380 380		33 - 430 420	48 - 440 430	63 - 415 405
	11 - 385 380	24 - 460 455	34 - 440 425	49 - 440 430	64 - 455 460
	12 - 380 380	25 - 500 485	35 - 470 460	50 - 510 570	65 - 410 400
3 - 415 420	13 - 450 460		36 - 445 445	51 - 410 410	66 - 410 380
	14 - 415 445		37 - 435 450	52 - 440 430	67 - 375 365
4 - 480 470	15 - 440 425		38 - 400 400	53 - 445 440	68 - 460 450
	16 - 425 440	26 - 475 470	39 - 450 450	54 - 450 450	69 - 410 390
5 - 430 440	17 - 420 465	27 - 480 470	40 - 440 440	55 - 445 445	70 - 410 385
	18 - 445 440	28 - 460 460	41 - 400 390	56 - 405 410	71 - 410 390
6 - 430 415	19 - 415 400	29 - 220 210	42 - 390 380	57 - 420 420	72 - 470 460
	20 - 440 430	30 - 500 570	43 - 495 485	58 - 370 350	73 - 415 400
7 - 525 520	21 - 415 455		44 - 415 395	59 - 425 425	74 - 415 410
			45 - 405 390	60 - 400 420	75 - 480 465
8 - 425 415					
AVG CFM: 426	AC / HR: 91				

NRCC
AMERI-DOSE
50 FOUNTAIN STREET
FRAMINGHAM, MA 01702

TESTING DATE: 5-19-11
40-8-10

CLEANROOM: FREIGHT: MIDDLE: PEOPLE:
SUPPLY CFM: 31,950 31,810 1,030 1,005 3,275 3,250 2,505 2,410
ROOM VOL: 21,161 FT3 3,090 FT3 4,075 FT3 2,065 FT3
AIR CHGS / HR: 91 87 90 20 20 48 73 70











TECHNICIAN:

Filter #40 - WAS FOUND in OFF POSITION, TURNED ON AND RECORDED

3555 5775 3990 5985 6405 5660

PARTICLE COUNT RECORDINGS

FILTER HOUSING : DESIGN FILTRATION INC. - SELF CONTAINED FAN POWERED HEPA UNITS
 MODEL # : 41103 DF 41103 DF 41103 DF 41103 DF 41103 DF
 SERIAL # : 102928 102927 102929 102933 102897

#1	#2	#3	#4	#5
				
0	0	0	0	0
				
0	0	0	0	0

NEW ENGLAND COMPOUNDING
 697 WAVERLY STREET
 FRAMINGHAM, MA. 01702

TESTING DATE : ~~42-10-10~~ 5-22-11

TEST # : ~~18132~~ 18687

PARTICLES MEASURED AT .5 MICRON SIZE AND RECORDED IN CUBIC METERS OF AIR
 IN ACCORDANCE WITH ISO STANDARD 14644-1.

THIS AREA, CONSISTING OF FIVE FILTERS, HAS BEEN CERTIFIED AS MEETING ISO CLASS 4.

TECHNICIAN :

FILTER HOUSING: DESIGN FILTRATION INC. - SELF CONTAINED FAN POWERED HEPA UNITS
MODEL #: 41103 DF 41103 DF 41103 DF 41103 DF 41103 DF
SERIAL #: 102928 102927 102929 102933 102897

	#1	#2	#3	#4	#5
58 62 61 60	59 57 51 54	54 57 54 58	47 56 59 58	50 53 54 51	
54 54 52 51	61 53 54 59	56 53 51 49	51 54 61 52	54 47 56 59	
50 47 53 53	54 57 50 52	52 57 54 52	53 50 51 53	60 53 57 58	
52 51 54 52	52 51 51 53	49 46 50 53	52 47 54 52	56 53 58 49	
AVG LFM:	54 54	54 55	53 53	54 53	55 53
LOWER SPEED:	L 10%	✓ 10%	20 45%	✓ 15%	L 15%

NEW ENGLAND COMPOUNDING
697 WAVERLY STREET
FRAMINGHAM, MA. 01702

TESTING DATE: 5-22-11
421010

TEST #: 18132
18687

AIRFLOW RANGE : 50-60 LFM AVERAGE

FILTER INTEGRITY LEAK TEST : NO PENETRATION OF GREATER THAN .01%

FILTER #: PENETRATION %: PASS / FAIL :

#1 - .0018% .0015 PASS ✓
#2 - .0015% .0012 PASS ✓
#3 - .0013% .0018 PASS ✓
#4 - .0015% .0022 PASS ✓
#5 - .0018% .0026 PASS ✓

MAIN CHAMBER PRESSURE: 440 POS .125

TECHNICIAN :